U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

Name

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

Robert Guimond

6417 193 rd ALC NU

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT,

2. Fiscal Year Covered From:

4. Name, file number, and address of labor organization.

P.O. Box, Building and Room Number, if any

Name Local 7204 CW A

Labor Organization File Number 033985

on 2-1-06 507-320-3423

Telephone Number

1/1/2005 Through: 12/31/2005

Street 6417 19312 ALC NU	Street 6417 193 rd Ave NW
city Pennock	city Pennock
State MN ZIP Code + 4 5727 9	State MN ZIP Code + 4 5 6 2 7 9
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street Street Street	7.D. Alflount.
City	
State ZIP Code + 4	
Signature	

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

BOMMIN 1204 Retired 2-1-06 320-354-3423